

Application or Docket Number

Effective October 1, 2000

		SMALL ENTITY			OTHER THAN OR SMALL ENTITY						
			(Column 1)		(Column 2)		TYPE [	TYPE		SMALL	ENTITY
TOTAL CLAIMS			14		4		RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			14 minus 20= *		. <i>b</i>		X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			2 minus 3 = *				X40=		OR	X80=	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT				+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0"					r "0" in c	olumn 2	TOTAL		OR	TOTAL	710.00
CLAIMS AS AMENDED - PART II									•	OTHER	
		(Column 1)	(Column 2)			(Column 3)	SMALL ENTITY			SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
	Independent	ANTATION OF MA	Minus ***  MULTIPLE DEPENDENT		T CL ABA	=	X40=		OR	X80=	
	FIRST PRESE	NIATION OF M	ULTIPLE DE	ENDEN	CLAIM		+135=		OR	+270=	
							TOTAL			TOTAL	
		(O-1 1)		<b>(0</b> - 1	O\	(Oaluma 0)	ADDIT. FEE		10,,	ADDIT. FEE	
		(Column 1) CLAIMS			mn 2) HEST	(Column 3)		ADDI-	1		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREV	MBER OUSLY FOR	PRESENT EXTRA	RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	,
	Independent	*	Minus	***	T.O. 417.	=	X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	OLTIPLE DEI	PENDEN	I CLAIM		+135=		OR	+270=	
							TOTAL		OR	TOTAL	
(Only 1) (Only 2) (Only 2)							ADDIT. FEE	1		ADDIT. FEE	
	*6	(Column 1) CLAIMS			ımn 2) HEST	(Column 3)		1 4001			LABBI
AMENDMENT C		REMAINING AFTER AMENDMENT		PREV	MBER IOUSLY FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		±	X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=	- X40=		OR	X80=	1
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEPENDEN		T CLAIM			<del>                                     </del>			<del> </del>
	If the entry in colu	mn 1 is less than t	he entry in col	ımn 2 wri	te "O" in co	olumo 3	+135=		OR	+270=	
••	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										
	ine "Highest Nun	nder Previously Pa	iiu For (Total c	ır ınaepen	uent) is th	e uiduesi unwoei	i ioung in the af	propriate bo	A III CC	AUTHITE C.	